

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

UNITED STATES OF AMERICA :
 :
 PLAINTIFF, :
 :
 v. : CR NO. PJM-04-00275
 :
 IVORY THOMAS, :
 :
 DEFENDANT. :
 ...oOo...

SUGGESTION OF DEATH

Mr. Clerk:

The United States of America, by its Attorneys, Rod J. Rosenstein, United States Attorney for the District of Maryland, and Joseph R. Baldwin, Assistant United States Attorney for said District, states that the defendant/debtor, Ivory Thomas, died on March 16, 2011. Attached hereto as Exhibit "A" is a copy of the Death Certificate showing the date and location of death(in Clinton, Maryland).

Respectfully submitted,

Rod J. Rosenstein
United States Attorney

By:



Joseph R. Baldwin
Assistant U.S. Attorney
Fourth Floor
36 South Charles Street
Baltimore, Maryland 21201
(410)209-4800
Trial Bar No. 03094

STATE OF MARYLAND

Department of Health and Mental Hygiene

Division of Vital Records

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

1- For
State
Registrar

Certificate of Death

Reg. No.

Physician/
Medical
Examiner

Funeral
Director

Baltimore, Maryland 21201-50096
permet. Page 1 and 2 should be filed within 72 hours after death with the Maryland
Department of Health and Mental Hygiene.
Important: If death was not a natural death, or if death was the result of an
injury or other traumatic event, the Medical Examiner must be notified at
once.

Physician/
Medical
Examiner

Division of Vital Records, P.O. Box 68760
To the Hospital or Attending Physician: The law requires that the death certificate be executed
within 24 hours after death. After this certificate has been signed by the attending physician and
To the Funeral Director: After this certificate has been signed by the funeral director, page 2 should be delivered for use as the burial-transit
certificate filed in by the funeral director.

State
Registrar

1. Decedent's Name (First, Middle, Last) IVORY J. THOMAS		2. Date of Death MARCH 16, 2011 Year		3. Time of Death 15:59P M	
4a. Facility Name (if not institution, give street and number) SOUTHERN MARYLAND HOSPITAL		4b. City, Town, or Location of Death CLINTON		4c. County of Death PRINCE GEORGE	
5. Social Security Number		6. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		7. Age (in yrs. last birthday) 60 Yrs.	
8. Date of Birth 08-26-1950		9. Birthplace (State or Foreign) FIBERT, WV			
10a. State MD		10b. County PRINCE GEORGE		10c. City, Town or Location SEAT PLEASANT	
10d. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10e. Street and Number REET		10f. Zip Code 20743	
10g. Citizen of What Country? U.S.A.		11. Marital Status 1 <input type="checkbox"/> Never Married 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No If Yes, Give Year or Dates.	
13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Specify:		14. Race - American Indian, Black, White, etc. Specify: BLACK			
15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+)		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) MEDICAL RESEARCH		16b. Kind of Business Industry PRIVATE	
17. Father's Name (First, Middle, Last) CHARLIE V. MAXWELL		18. Mother's Name (First, Middle, Maiden Surname) KITER V.S. ISBELL			
19a. Informant's Name/Relationship (Type, Print) DONALD E. THOMAS/HUSBAND		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SEAT PLEASANT, MD 20743			
20a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of cemetery, crematory or other place) MD VETERANS CEMETERY		20c. Location - City or Town, State 3-23-2011 CHELTENHAM, MD	
21. Signature of Funeral Service Licensee R. D. H. Hall		22. Name and Address of Facility JB JENKINS FUNERAL HOME 7474 LANDOVER RD LANDOVER, MD 20785			
23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) SEPSIS SYNDROME Due to (or as a consequence of): CHRONIC KIDNEY DISEASE Due to (or as a consequence of): HYPOTENSION Due to (or as a consequence of): Sequitally list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last					Approximate Interval Between Onset and Death
IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown		23c. If yes, outcome of pregnancy 1 <input type="checkbox"/> Live Birth 2 <input type="checkbox"/> Fetal death 3 <input type="checkbox"/> Ectopic pregnancy 4 <input type="checkbox"/> Pregnant at time of death 5 <input type="checkbox"/> Other (specify)		23d. Date of delivery Month Day Year	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					23e. Did tobacco use contribute to the cause of death? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input checked="" type="checkbox"/> Unknown
24a. Was an autopsy performed? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					24b. Were autopsy findings available prior to completion of cause of death? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No
25. Was case referred to medical examiner? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
26. Place of Death (Check only one) Hospital: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DCA Other: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		27. Manner of Death 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending Investigation 6 <input type="checkbox"/> Could not be determined			
28a. Date of injury (Month, Day, Year)		28b. Time of injury M. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		28c. Injury at work? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
28d. Describe how injury occurred		28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)			
28f. Location (Street and Number or Rural Route Number, City or Town, State)					
29a. Certifier (Check only one) 1 <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 3 <input type="checkbox"/> Certifying Nurse Practitioner: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.		29b. Signature and title of certifier RASHED ABASSI		29c. License number MD 65329	
29d. Date signed (Month, Day, Year) MARCH 17 2011					
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RASHED ABASSI 7503 SERRATTS ROAD CLINTON MD 20735.					
31. Date filed (Month, Day, Year) MAR 21 2011		32. Registrar's Signature Geneva S. Sparks			

18.M117 Rev 7/2009

652598

ORIGINAL

I HEREBY CERTIFY THAT THIS DOCUMENT IS
A TRUE COPY OF A RECORD ON FILE IN THE
DIVISION OF VITAL RECORDS.

DATE ISSUED
March 21, 2011

STATE REGISTRAR

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL
OF VITAL RECORDS CLEARLY EMBOSSED.

Exhibit "A"